

Driver Medical Review

Section 322.126 (2), (3), Florida Statutes, provides that "Any physician, person, or agency having knowledge of any licensed driver's or applicant's mental or physical disability to drive is **authorized** to report such knowledge to the Department of Highway Safety and Motor Vehicles... The reports authorized by this section shall be **confidential**. No civil or criminal action may be brought against any physician, person, or agency who provides the information required herein."

When reporting an individual whose driving ability is questionable due to some physical or mental impairment, please complete as much of the information listed below as possible:

NAME: _____

ADDRESS: _____

SEX: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NO.: _____

STATE: _____

PHYSICAL OR MENTAL HANDICAPS NOTED:

Seizures	Stroke
Loss of Consciousness	Uncontrolled Diabetes
Psychiatric Disturbance	Dementia/Memory Defects
Severe Cardiac Condition	Drug/Alcohol Addiction
Other	Severe Visual Defect

Comments: _____

Date

Originating Source

Originating Source **Please Print**

Address

()
Area Code/Telephone

When this form is completed, please mail directly to:

Division of Driver Licenses
ATTN: Medical Review Section
Neil Kirkman Building, Rm. 227 - MS 86
Tallahassee, FL 32399-0500
FAX # (850) 921-6147
Telephone # (850) 488-8982

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